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Patient Care News: August 2007

St. Cloud Hospital

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St. Cloud Hospital, St. Cloud, MN

St. Cloud Hospital Makes America's Best Hospitals List

U.S. News & World Report has announced publication of the 2007 edition of America's Best Hospitals, which includes St. Cloud Hospital in the Orthopedic specialty list. Now in its 18th year, America's Best Hospitals screened more than 5,462 hospitals and medical centers – virtually all short-term, acute-care hospitals in the United States.

Inside This Issue:

1	SCH Part of America's Best Hospitals
2	Magnet Force 11: Nurses as Teachers Patient Identification
3	Autopsies at Midwest Forensic Medicine Bonus Pay Kronos Auditor Forum
4-5	KRONOS Time & Attendance; ANSOS One Staff Scheduling; Staffing Updates
5	Scheduling Reminders for Students
6	Clinical Ladder Developmental/Educational Programs

The guide ranks 173 hospitals and medical centers in 16 specialties. The rankings weigh three elements equally: reputation, death rate, and a set of care-related factors such as nursing and patient services.

"It is an honor to be included on the *U.S. News* list for the specialty services we provide for orthopedic patients," said St. Cloud Hospital President Craig Broman. "Inclusion in this list is recognition that our caring, skilled professionals are committed to providing quality care."

Other Minnesota hospitals on the America's Best list include Abbott Northwestern Hospital, Minneapolis; Hennepin County Medical Center, Minneapolis; Mayo Clinic, Rochester; and University of Minnesota Medical Center, Minneapolis.

For a complete listing, visit www.health.usnews.com/sections/health/best-hospitals or your local newsstand.

Submitted by:

Cheri Tollefson Lehse

Director of Marketing and Communications



All Patient Care News articles should be sent to Nancy Lieser in Patient Care Support by the 25th of each month.

Magnet Force # 11: Nurses as Teachers

Description: Nurses incorporate teaching in all aspects of their practice. Nurses are involved in educational activities within the organization and community. Nurses are involved with mentoring and Precepting programs as well as student involvement in the organization. Employees may also act as faculty. Nurses have also created patient education programs that meet diverse patient needs.

We are looking for stories and examples about:

- Examples of orientation for clinicians and other nursing role specialists.
- Evidence of mentoring activities for all levels of staff (staff nurse, charge nurse, educator, director, coordinator, case manager, other unique roles).
- Examples of ways that we promote the nurse teaching role (could include motivating factors such as rewards, recognition, financial incentives, clinical ladder, performance appraisal rating, other).
- Any innovative, creative academic practicum experiences at SCH.
- Examples of how we meet the needs for patients with cultural and language differences (education, programs, literature, patient education materials).
- Examples of patient education initiatives for specialty patient populations that are conducted, implemented and evaluated by nurses.
- Examples of community educational activities.
- Professional development programs designed to develop or enhance teaching expertise.

Submitted by Force Leaders:

*Brenda Swendra-Henry, RN, Imaging
Ext. 55305*

*Pam Rickbeil, RN, Education
Ext. 59066*

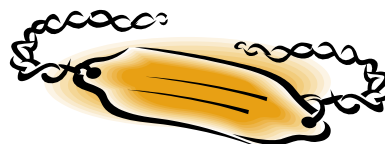
Patient Identification when Utilizing House Resources

What's better than one patient identifier? Two! Yes, as JCAHO requires, we need to make sure that each patient is identified using two unique identifiers. For inpatients, we use the patient's name and medical record number.

This is a reminder when calling house resources (such as the Administrative Nursing Supervisor, Orderly, or House Float) to include the two unique identifiers. If you page versus call, you'll need to have a follow-up conversation to relay this information since pagers can be overheard. It is important that the correct patient is identified. Often messages are left with only a room number and this requires tracking down the nurse at the unit level to obtain the required information.

Thank you for your efforts to keep our patients safe!

*Barb Scheiber
Director of Patient Care Support*



Autopsies Completed at Midwest Forensic Medicine

In the past, when autopsies were requested by the family they were outsourced and sent to Midwest Forensic Pathology, which is located in Anoka-Coon Rapids. Autopsies requested by the physician were performed at St. Cloud Hospital. Effective immediately, **all** autopsies will be sent to Midwest Forensic Pathology.

Family requested autopsies and transport will need to be paid for by the family **prior** to the autopsy. Physician requested autopsies and transport will be covered by the hospital. The policy is in the process of being updated to reflect these changes. If you need assistance, please contact the Nursing Supervisor.

Barb Scheiber
Director of Patient Care Support

Review of Bonus Pay Process

When bonus pay is offered for a picked up shift staff need to complete a Green Adjustment form indicating the date and timeframe for which bonus is to be paid and give it to their unit auditor for entry into Kronos. The form should be completed on the day the bonus is to be paid.

Because bonus will continue to be paid out in 4 hour increments, when you check your hours in the Kronos system a 4 hour bonus will be indicated by 1 hour, an 8 hour will be indicated by 2 hours and a 12 hour will be indicated by 3 hours. The clock codes are as follows:

B25 equals 4 hours for \$25.00
B35 equals 4 hours for \$35.00
B50 equals 4 hours for \$50.00



Bonus pay for weekends and holidays is different than weekday increments. Please refer to the Bonus Pay Guidelines policy for complete details. When you call the Kronos system at Ext. 55895 you will also hear when bonus has been entered. Again it will indicate 1 hour for each 4 hour increment. For an 8 hour day you will hear 2 hours.

Bonus pay is indicated under ExShift on the pay stub. It will say ShfBonus. Calls regarding bonus pay should be directed to your unit auditor.

Terri Krause, Coordinator
Staffing/Scheduling/Secretarial Services

Kronos Auditor Forum – Please Mark Your Calendars!

There will be an Auditor Forum held on August 21 from 11:30-12:30 p.m. in the Hoppe Auditorium. This forum will allow for questions and answers and also sharing of information, shortcuts or changes to our current Kronos system. This is not mandatory, but Auditors are encouraged to come. Sue Laudenbach will also be in attendance for ANSOS questions.

Michelle Lundorff, Coordinator
Payroll/HRIS

KRONOS Time and Attendance/ANSOS One Staff Scheduling/ Staffing Updates

Kronos Updates and Process to follow for units that are part of the two way interface with Kronos and ANSOS/OneStaff (Please ask your director if you are unsure if your unit is a part of the two way interface)

We have just completed the first pay period with the new Kronos/ANSOS two way interface and have identified a few areas that require reminders for employees regarding the new changes. As part of the two way interface, employees no longer clock their On-Call, HTO, PTX and scheduled PTO. On-Call, HTO and PTX are entered into the ANSOS scheduling system by the Staffing Office, as they do the day-to-day staffing for the house, and come over into the time card to be paid in the Kronos time and attendance system.

PTO from your ANSOS schedule also comes over into the Kronos time and attendance system and is paid there. Although the Staffing and Scheduling Associates will be entering this information, it is each employee's responsibility to review their timecard for accuracy, and if a discrepancy is found, the employee should generate a green adjustment form and submit to their unit auditor who will correct the entry in the ANSOS/Kronos. Employees wanting to use PTO in lieu of HTO should complete a green adjustment form and submit it to their unit auditor.

Please do not call the Staffing Office, as they have been instructed not to take verbal changes related to timecard entries. Please also note that Staffing Associates do not have access to your Kronos record. Please see your unit auditors for all your timecard questions.

Please note that when you are placed on-call in lieu of your scheduled shift, your on-call starts one (1) hour prior to the start time of your shift and, unless you have been notified by Staffing that you have been cut, your on-call ends 1 ½ hours prior to the end of your scheduled shift. We start your on-call one (1) hour prior to the start of your shift according to policy guidelines. You have one (1) hour to report to work when placed on-call.

Examples:

- Scheduled for an 8 hour day shift and you are placed on-call.
Your call would start at 0600 (1 hour prior to 0700 start) and if you are kept on-call for the entire shift your on-call would end at 1400. Staffing would enter on-call for 0600 and end it at 1400 (8 hours) HTO would be entered for 8 hours. Employees wanting to use PTO in lieu of HTO would need to complete a green adjustment form and submit it to their unit auditor. Your auditor has been instructed on how to enter this change into ANSOS/OneStaff, so that it can be paid out in Kronos. They will change the HTO entered by Staffing to PTO as requested by employee. You cannot receive HTO and PTO for the same shift.
- Scheduled for an 8 hour day shift, placed on-call and called in at 0800 to report to work.
Your call would start at 0600 and would be entered in ANSOS/OneStaff to end at 0900, because you have 1 hour to report to work. You remain on-call until you report to work. When you report to work, your clock in starts your regular rate of pay. If you report to work within 30 minutes or less, please let Staffing know, so they can adjust the on-call end time in the schedule that will upload to Kronos.

- Scheduled a 12 hour day shift and you are placed on-call for the last 4 hours of your shift. In this instance, your call would not begin until you clock out from your working shift. Since times would vary on when you clock out, Staffing has been instructed to begin your on-call at 1530, and unless you are cut from the shift, your on-call would end at 1800 (1 ½ hours prior to the end of the shift or 2 ½ hours of on-call). If your clock out time is greater than 30 minutes this information will need to be called to the Staffing Office so our records can be adjusted.
- Scheduled to work a 12 hour night shift and you are placed on-call for the first 4 hours. Your on-call would start at 1800 and would end at 2300 when you report to work for the last 8 hours of your scheduled shift. You would remain on-call until you report to work and clock in. You would have 5 hours of on-call (1800 through 2300) and HTO will be entered for 4 hours to cover the actual hours missed from your scheduled shift 1900-2300. Again, if you wish to use PTO instead of HTO you must contact your auditor.

Another trend that has surfaced with the new system is clocking of premium codes and floating/charging the premiums to the correct account number. When clocking premium pay codes you need to charge the premium code and the department number at the same time. Please see your unit auditor for instructions on how to enter into the system.

We will continue to communicate process changes and periodically review policy guidelines and practices as we identify trends or issues. We encourage you to view your timecard on an ongoing basis, in order to correct any errors that may occur. Your patience and understanding is appreciated as we all learn together this new system.

Terri Krause, Coordinator
Staffing/Scheduling/Secretarial Services

Scheduling Reminders for Students

Fall is fast approaching and along with it brings the start of a new school year for many of our staff and their families. As school starts, many changes occur, including phone numbers, addresses and schedules. Please remember to give your scheduler a call to update them on these changes.

It is also especially helpful for Staffing to know that your schedule has changed and you are no longer available for certain hours that perhaps you were available for over the summer months. By updating your information it will save unnecessary calls being made when we are looking for extra help.

We appreciate the update!

Thank you!
Terri Krause, Coordinator
Staffing/Scheduling/Secretarial Services



Clinical Ladder

Congratulations to the following individuals for achieving and/or maintaining their Level III Clinical Ladder status!

Level III

Mary Beth Schmidt, RN **PACU**

- CPAN National Certification
- Nursing News Article: Pre-op IV Starts After Hours
- MN Holistic Nurses Association Member
- Education Day Presenter: HELLP and DIC PowerPoint

Karen Lashinski, RN **Center for Surgical Care**

- Medical Surgical Certification
- PI Committee Member
- H*Works Committee Member
- CentraCare Foundation Member

Kathleen Pflueger, RN **Center for Surgical Care**

- PI Committee Chairperson
- Same Day Surgery Association President
- Tree of Hope Event Participant
- PASS Call Orientation to Staff

Kay Pappenfus, RN **Ortho**

- EPIC Super User
- Preceptor
- NAON Member
- Blood Pressure Checks in Pierz

Carmel Koep, RN **Med/Onc**

- EPIC Super User
- Neutropenia Poster
- Clinical Ladder Committee Member
- Oncology Nurses National Certification

Georgine Glaser, RN **Surgery**

- EPIC Super User
- Trauma Nurse National Certification
- Employee Satisfaction Committee
- OR Procedure Cards Revisions

Rose Lisson, RN **Ortho**

- EPIC Super User
- Development of EPIC Teaching Plans
- EPIC Secondary Trainer

Brandy Kramer, RN **Ortho**

- Caring of the Mind and Spirit Teacher
- Preceptor
- AANN Member
- NPCU Committee Member

Jessica Thoma, RN **Telemetry**

- BLS Instructor
- EPIC Super User
- Restraint Poster
- PCA Task Force Member

Jennifer Zayas, RN **Center for Surgical Care**

- EPIC Super User
- CPAN National Certification
- Preceptor
- ASPAN Member



Developmental Programs: Educational and Professional

September 2007

- 11/12 ONS Cancer Chemotherapy Course, 8 am-4:30 pm, Hughes/Mathews Room, CentraCare Health Plaza
- 26 Basic Preceptor Class, Fireside Room, 8:20 am-1:30 pm
- 25/26 Trauma Nursing Core Course, 7:30 am – 5:30 pm, SCH Conference Center (9/25), CentraCare Health Plaza (9/26)
- 27/28 Basic Electrocardiology, 8 am-3 pm, Leonard Street & Deinard Room, CentraCare Health Plaza